

## **Chapter 9: Service Coordination**

The State of Missouri ensures that each child eligible for early intervention services and the child's family shall be provided one Service Coordinator who is responsible for coordinating all services across agency lines and serving as the single point of contact in helping parents to obtain the services and assistance they need. When a family is initially referred to the First Steps early intervention system an Intake Coordinator at the SPOE will assist the family with eligibility determination, evaluation and assessment, and the development of the initial Individualized Family Service Plan (IFSP), if the child is eligible. Once the child's eligibility has been determined, the intake coordinator will assist the family to select an ongoing service coordinator from the Service Provider Matrix. This person's primary responsibility is to ensure that the eligible child and family receive all early intervention services to which they are entitled through the IFSP.

The First Steps system values family choice and strives to present a variety of options for their consideration. These options should reflect the continuum of care available within the local community, and be based upon the family assessment of needs, natural settings, and the identified needs of the child through the IFSP process.

All Intake/Service Coordinators must be aware of First Steps procedural safeguards, eligibility determination requirements, and local resources and services including family support services. The State Plan for Part C and the Personnel Guide for the Early Intervention (EI) Credential contain more specific information about the qualifications of Service Coordinators. This information can be

**Intake Coordinator:** the individual who coordinates intake/evaluation/assessment and initial IFSP planning for the SPOE.

**Service Coordinator:** the individual who assists with the initial IFSP meeting and coordination of services from that time until transition out of First Steps

**Intake/Service Coordinator:** When this term is used, the information pertains to both roles.

obtained from the Department of Elementary and Secondary Education (DESE) website.

The Intake Coordinator is responsible for serving as the single contact for each family who has been referred to the SPOE.

The Intake Coordinator at the SPOE is responsible for:

1. Completing the intake/evaluation and assessment obligations to determine eligibility;
2. Working with family members and providers, including key medical care providers for the eligible child, in the development of the initial IFSP within 45 days of referral to the System Point of Entry; and
3. Assisting the family in selecting their Service Coordinator.

An additional task of an Intake Coordinator is to assist the family in identifying available service providers for assessment, evaluation and/or initial IFSP services. The on-going Service Coordinator that the family has selected may attend the initial IFSP meeting if they have been previously identified by the family. The on-going Service Coordinator should also work collaboratively with the Intake Coordinator to ensure that service providers are selected by the family for IFSP services.

The SPOE ensures that all referrals are responded to within a reasonable timeline. Service coordination activities at this point in time are referred to as “intake” since these services are specific in nature to eligibility determination and the development of the initial IFSP.

The Intake Coordinator will make an initial contact with family members once a referral is received and

a determination made that the referral will proceed. This initial contact may include a telephone call or written correspondence, followed by a personal, face-to-face appointment. The Intake Coordinator should be aware of and sensitive to family schedules and convenience of appointments, the family's culture, ethnicity, and language in the completion of all aspects of the intake process. The Intake Coordinator should make appointments with the family at locations that will enhance the family's participation. Appointments should be conducted in the family's native language or mode of communication. Interpreters may be needed to ensure that the family fully understands and participates in the planning discussions.

The Intake Coordinator should acknowledge the receipt of the referral from the initial referral source in writing. No further information related to potential eligibility, etc. should be shared without informed, written consent from the family. This acknowledgement of the referral serves to reinforce positive actions by referral sources, and provides an opportunity to share additional referral forms, new information, etc. with the referral source.

A variety of approaches to conducting the intake are available (including personal contact at home, hospital, school, business, community setting, or phone contact) to be determined between the Intake Coordinators and family. The family's right to confidentiality must be ensured at all times. Families should be invited and encouraged to include other family members, friends or support people during initial intake activities.

Intake activities involve sharing and gathering information that introduce the family to the First Steps system, the services that are offered, and assisting the family in identifying their agenda and

the information that will be most useful for them to have about their child. Initial contacts and intake activities include:

- Providing information and answering questions about early intervention services and the First Steps system.
- Explaining the role and function of the Intake and Service Coordinator;
- Explaining the rights, opportunities and responsibilities as outlined in the Parental Rights brochure in the family's "native language" or mode of communication, and providing the parent(s) with a copy of the brochure. A translator may be necessary at this point;
- Explaining the Early Intervention process and what families can expect at each step of the process. Service Coordinators should introduce the IFSP document when explaining the process so that families become familiar with how the IFSP process is completed;
- Obtaining informed, written parental consent to conduct the evaluation and assessment of the child to determine eligibility and to conduct a Family Assessment. This includes the collection and review of existing information that may assist the team in determining eligibility; or, a brief developmental screening may be administered to provide additional information in eligibility determination activities. Families must be informed of the voluntary nature of the program and their right to refuse consent. They must also be made aware that the Family Assessment is voluntary and that refusing this assessment does not affect the assessment of their child or the provision of EI services if the child is determined eligible;

- Assisting the family in identifying the necessary professional(s) for assessment services (if necessary to determine eligibility) and others the family may wish to have present during assessment;
- Clarifying the reason for collecting all existing information and for obtaining a child/family history, and informing the family about the strict confidentiality provisions of First Steps;
- Obtaining signed parent permission on releases to obtain the necessary medical records and other information that may be needed for the evaluation, and to communicate with the primary referral source. The right to confidentiality and right to review records should be emphasized at this time;
- Determining with the family what is needed to support parental participation in assessment and planning. This may include arranging assessments around a parent's work schedule or assisting with transportation;
- Assisting the family with any immediate needs including referral for local parent-to-parent or other support groups;
- Assisting family members to identify and locate alternative and appropriate services and supports if their child is determined to be ineligible; and
- Informing and assisting family members to identify other potential sources of support.

Good coordination of eligibility determination and assessment activities is necessary to ensure the integrity of the multidisciplinary evaluation/assessment process and to eliminate unnecessary duplication. The Intake Coordinator should:

1. Contact individuals/sources identified by the family to obtain information about the child that may be useful in the eligibility determination process;
2. Review with the family their procedural safeguards during the initial contact. The family should be informed of the right to a timely multidisciplinary evaluation/assessment. They should also be informed of their right to actively participate throughout the process, including their right to express their opinions, to disagree with other team members, and to refuse specific services without jeopardizing the receipt of other services;
3. Schedule any assessments and inform the family and participants in a timely manner in advance.
4. Insure the completion of assessment activities in a timely manner in order to develop the initial IFSP within 45 days of the receipt of the referral;
5. Coordinate the evaluation or assessment activities to assure completion of all activities without unnecessary duplication and facilitate the flow of information;
6. Make necessary arrangements to support the family's participation in the evaluation and assessment activities; and
7. Document all information collected for evaluation of eligibility on the Eligibility Determination Documentation form.
8. The family selects their Service Coordinator through a review of the Service Provider Matrix. The family may choose to talk with a number of individuals before they make their final selection. The role of Service Coordinator is a critical one. The Service Coordinator ensures that families receive timely and accurate information about their

Service Provider Matrix
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options during the IFSP development and implementation process.

An on-going Service Coordinator should be selected by the family once a child's eligibility for First Steps has been confirmed. The on-going Service Coordinator is encouraged to participate in selected planning activities including attending and participating in the initial IFSP development meeting.

It is the Intake Coordinator's responsibility to ensure that the initial IFSP is developed and distributed to the family and service providers. The on-going Service Coordinator is responsible for the implementation of the initial IFSP as well as any subsequent IFSP reviews and revisions.

The State of Missouri uses an independent service coordinator model. This means that an individual acting as a First Steps Service Coordinator may not function in any other early intervention service provider role. The Service Matrix has a variety of individuals credentialed and enrolled to provide service coordination. These individuals could be: 1) employed by agencies that provide service coordination to other populations (Department of Mental Health Regional Centers) 2) or an individual in private practice.

The primary role of the Service Coordinator is to ensure that the IFSP is implemented, monitored, reviewed and evaluated and must therefore understand in detail, not only the steps of the process, but the reasons for the process. It would be a conflict of interest for that individual to also provide any other direct IFSP service, since they would then be monitoring their own activities.

The Service Coordinator must facilitate each IFSP meeting in a way that promotes the identification of

outcomes, strategies and activities prior to the identification of the services and potential payor(s).

The Service Coordinator is responsible for making sure that parents are given all relevant information about their options for service delivery and the choices of providers. The Service Matrix must be explained to families, and assistance provided to access information to ensure that the family can choose appropriate providers based upon their personal criteria. Families should be assisted in understanding their options, and provided with additional information to make an informed decision. “Tips to Choosing a Provider” is a section of the Parent Handbook which may be particularly helpful when selecting service providers. The Service Coordinator is responsible for ensuring that the IFSP is being implemented as written. Activities to ensure this include:

- Regular, ongoing contacts with service providers to ensure the child/family are receiving the specified services, check the progress toward meeting the IFSP outcomes, and collect required data. IFSP service providers are required to submit monthly progress reports to the Service Coordinator using the format provided by First Steps;
- Regular, ongoing contacts with parents to ensure that the child and family are receiving the services required by the IFSP and to determine if there are any questions, problems, or a need for the IFSP team to meet to discuss changes.
- Regular, ongoing networking between and among the LICC and other community resources to assure awareness of services most beneficial to families and eligible infants and toddlers;



- Promptly and accurately reporting IFSP information to the SPOE so that authorizations for services can be processed in a timely manner by the Central Finance Office; this includes instances where there may be a change in important family data (e.g. a change of address);
- Assisting the SPOE in maintaining the early intervention (EI) record by promptly sending the original copies of correspondences, releases, notices and consents, IFSPs, etc.; and
- Inactivating children who have exited First Steps by sending the Inactivation and Change of Information form to the SPOE as soon as possible.

The Service Coordinator should maintain a clinical file for each child they serve. Documentation of billable activities must be maintained in the clinical or agency record for program and financial audit purposes.

An important role of the Service Coordinator is to strengthen and supplement the family's skills in negotiating the system of services for their child. Providers of services need to be friendly but professional in their work with families. Establishing collaborative relationships with families allows outcomes to be reached while the family is building skills that will help them advocate for their child in other systems. Creating dependent relationships for the family creates barriers for families while they are involved with and after they leave the early intervention system.

### **Additional Responsibilities and Expectations**

Service Coordinators bear a considerable responsibility in the Part C system. They work

actively to assist the family in all facets of their First Steps participation, including transition services; in addition, they are responsible to ensure the linkage between the family and the System Point of Entry. This linkage provides the mechanism for service authorization for evaluation and assessment services, IFSP participation, and IFSP services. Service Coordinators also are responsible for meeting the timelines required in federal and state regulations, and for the various procedural safeguards and protections under the IDEA, including the confidentiality provisions of the Family Educational Rights and Privacy Act (FERPA).

It is important that service providers within the First Steps system understand the role and function of Service Coordinators. Their partnership through the IFSP process is to work within the state and federal regulations, ensuring that the policies and procedures for First Steps in Missouri are in full compliance for each individual child and family referred and/or eligible for Part C services.

### **Trouble Shooting/ Problem Solving**

The System Point of Entry (SPOE) may be required to engage with the family after the implementation of the IFSP has occurred, particularly in situations where services are not going smoothly and the family feels the need for an intermediary to assist in problem resolution, request for mediation, etc. While the preference is always that the Service Coordinator works with families to manage these situations, there may be instances where this is less than desirable and the family needs additional or alternative resources to draw upon. The SPOE shall also assist a family to select a new Service Coordinator if necessary.

## **Realistic and Professional Relationships and Boundaries**

While Service Coordinators are encouraged to develop a “relationship” with the family in order to be successful in achieving outcomes, there are some things to consider. One important consideration is managing boundaries with families. Consider these questions:

Adapted from Joseph Walsh, Journal of Care Management

- How much time will you spend with a family?  
Is that face-to-face, by telephone?
- What kinds of information will you share?
- How much personal information will you share?
- If you are a parent of a child with a disability, how much information will you share about your own experience?
- Will you talk about politics, religion, the latest movies, current sales at local stores?
- Where will you sit with the family when you have a face-to-face visit?
- If you are meeting with the opposite gender will you need to place yourself in a different location? Meet at a different time or place?
- What are your and the family’s needs around “personal space”?
- Are there limitations on how, when, and where you’ll meet with families? Can they call you at home?
- Are there topics you would rather not discuss?
- Are their emotional issues too close to your own you’d rather not talk about?

These are critical questions to consider with each relationship developed with a family. These are some warning signs of possible trouble in the Service Coordinator/family relationship. It is important to consider this list on occasion to be sure we don’t cross the line with families.

Warning signs of possible boundary transgressions:

- Dual relationships
- Fluid boundaries
- Intrusion into the family's space
- Self-disclosure by the Service Coordinator
- Socializing
- Referring to family members as friends
- Investigating certain details of family member's personal lives
- Sharing information about a family with others
- Loaning, trading, or selling items to a family member
- Accepting or giving gifts
- Exceptional behavior (i.e., doing too much, identifying too much, having extended meetings)
- Experiencing strong positive feelings for a family member
- Touching or physically comforting a family member
- Sexual contact

(Walker and Clark, 1999)

(Hepworth, Rooney, & Larsen, 1997)

If a Service Coordinator becomes concerned with their relationship with a family, there are some intervening factors or options to consider and investigate:

1. Consultation with colleagues or a supervisor in assessing the situation
2. The functional level of the family member
3. The family member's history in relationships
4. The history and dynamics of the particular relationship
5. The Service Coordinator's level of professional experience

Adapted from Curtis & Hodge, 1994

6. Cultural norms reflected in the behavior of both the Service Coordinator and the family member
7. Legal liabilities that the Service Coordinator might face
8. The value base of the Service Coordinator

Because of the importance of the role and function of the Service Coordinator, it is important that the highest standard of professional behavior be maintained at all times. It is easy in the work Service Coordinators do with families to cross over these boundaries and experience problems as a result.

Families can also experience significant problems when relationships are not monitored carefully. They may become overly dependent upon an individual Service Coordinator and fail to understand their own responsibilities, or the appropriate responsibilities of other or new providers based upon their experience with one provider.

Appropriate boundaries are also essential to maintain with the provider community. The Service Coordinator may be seen as an individual who can exert influence over a family's choice of provider. Be cautious in accepting favors, gifts or other rewards from individual providers as they may compromise the Service Coordinator's ability (or the perception of their ability) to be independent and unbiased.

### **Transfer Procedures – SPOE to SPOE**

This procedure applies to transfers from one SPOE to another:

Transfer Procedures
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The responsibilities of the Ongoing Service Coordinator are:

1. Assist the family in choosing a new ongoing service coordinator\*
2. Notify SPOE of change via the “First Steps Change of Information and Inactivation Form”

The responsibilities of the SPOE are:

1. Cancel authorizations for all services
2. Transfer Early Intervention Record to new SPOE

\*The family will need to select a new ongoing Service Coordinator only if the current service coordinator does not provide services in the new SPOE area.

The responsibilities of the New Ongoing Service Coordinator\*\*

1. Assist the family in choosing new providers of services as identified in current IFSP
2. Submit provider change of information to the SPOE

The responsibilities of the New SPOE are:

1. Receive Early Intervention Record from old SPOE and establish new electronic record
2. Enter service authorizations upon receipt of new provider information

\*\*The New Ongoing Service Coordinator may be the same service coordinator if the service coordinator serves in both SPOE areas.

**Procedures for Processing a Family Request to Change Ongoing Service Coordinators**

1. Family contacts the SPOE and tells them that they want a new service coordinator.
2. SPOE works with the family to choose a new ongoing service coordinator from the Provider Matrix.

3. SPOE contacts the new ongoing service coordinator to ensure that he/she is available to take a new child. If not, go back to the Provider Matrix.
4. SPOE contacts the child's current ongoing service coordinator to inform him/her that the family has selected a new ongoing service coordinator and requests that the service coordinator send the child's clinical file to the SPOE.
5. The SPOE completes the Change of Information and Inactivation Form with the new service coordinators name and enters this information into the data system so that service coordination authorizations will be sent to the new service coordinator.
6. Ongoing service coordinator contacts family to make introductions and begins coordinating services.
7. Upon receipt of the current service coordinators clinical file, the SPOE files original copies of case notes and any other documentation from the file that needs to be in the child's early intervention record.
8. The SPOE then sends the clinical file (IFSP, current releases, current provider progress reports, current evals/assessments, etc.) to the new ongoing service coordinator.